

Rights and Responsibilities

Verification of Information. I understand the information I provide to the Economic Services Division (ESD) to apply for assistance is subject to verification if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility. Information that is available through the Income and Eligibility Verification System (IEVS) will be requested, used and may be verified through collateral contacts when discrepancies are found by ESD. I understand that if any information is not correct, my benefits may be affected or I may be denied assistance.

Proof of Citizenship, Immigration Status, and Identity. For certain programs, we must verify your citizenship, immigration status, and identity. We will try to do this by looking up your information in available government records. However, if we are unable to find a match, we may ask you to provide the necessary proof. Do not send anything at this time. We will tell you more about this after we get your application.

Important Information for Immigrants. Only U.S. citizens and certain non-citizens can get benefits. If your household includes people who are not eligible because of their immigration status, you can still apply for and get benefits for other eligible members. We will verify the immigration status of non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. People not applying for benefits do not have to give immigration information. However, they will have to provide information such as income and resources.

If you are an immigrant, before you apply you may want to talk with Vermont Legal Aid at **1-800-889-2047** or with an agency that helps immigrants with legal questions. If you get help from us, it may affect your sponsor or your immigration status.

Reporting Changes. I understand that I may report any change in my situation by calling the Benefits Service Center at **1-800-479-6151**. Except for 3SquaresVT, I understand that I must report changes within 10 days from when the change happens. I understand that reporting requirements for 3SquaresVT are different than for other programs and I have been given an explanation of when I must report changes for that program. The changes I must report may be different depending on the benefits I get. I can also call the Benefits Service Center if I am not sure which changes I must report. I understand that changes may affect my eligibility or the amount of benefits I get.

Social Security Number. I understand that I must give the Social Security number of everyone in my household who is applying for assistance. If the household is applying for fuel assistance, I must provide a Social Security number for everyone in the household. Federal law requires this as a condition of eligibility. (42 U.S.C. §1320b-7). Some programs may waive this requirement for members of a religious organization that object to furnishing social security numbers. People not applying for benefits do not have to provide their Social Security numbers. However, they will have to provide information such as income and resources.

If you do not have a Social Security number, ESD will help you apply for one.

ESD uses the Social Security number for computer processing, child support enforcement, fraud investigation, audits, and Lifeline identification; to verify Social Security and supplemental security income; to prevent individuals from receiving duplicate benefits; to exchange information with agencies such as the Social Security Administration, Department of Labor, Internal Revenue Service, or private agencies to verify income, determine eligibility and benefit amounts, and collect claims; to determine the accuracy and reliability of information given to ESD.

Decision on Application. ESD must make a decision on my application within 30 days unless delay is caused by physicians, an unexpected emergency or administrative problem beyond the Department's control, or me. If I do not get a decision within 30 days, I may call the ESD Benefits Service Center at **1-800-479-6151** for more information or to request a fair hearing.

Fair Hearing. I may ask for a fair hearing if my claim for assistance, benefits, or services is denied, or is not acted upon with reasonable promptness; or because I am aggrieved by any other ESD action affecting my receipt of assistance, benefits, or services, or because I am aggrieved by ESD policy as it affects my situation. The case may be presented by the head of household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. A fair hearing can be requested by calling the Benefits Service Center at **1-800-479-6151**, by writing to the Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 South Main Street, Waterbury, VT 05671-1201, or by writing the Human Services Board, 14-16 Baldwin St., Second Floor, Montpelier, VT 05633-4302. (3 V.S.A. §3091)

WIC Appeal Rights. For the WIC Program, I may appeal any decision made by the Health Department regarding eligibility by contacting a Department of Health District Office or by calling **1-800-464-4343**, ext. 7333.

Quality Control Review. ESD may select my application for a quality control review. If that happens, I agree to cooperate and give proof of required information. If I do not cooperate or I am not able to give the proof needed, I authorize ESD to get it.

Release of Tax Records. I give permission to the Vermont Commissioner of Taxes to disclose information from my state income tax returns to the Commissioner of the Department for Children and Families, or his or her designee. (33 V.S.A. §112 (c))

Rights and Responsibilities (continued)

Consent to Weatherization Services. I understand that households who receive fuel assistance benefits agree to accept services from the Weatherization Office to help lower heating costs.

Reach Up Activities. I understand that if my family is found eligible for Reach Up, the adults in the family will have to comply with Reach Up service requirements. We will have to meet our case manager to develop a plan of activities that we must do to gain employment and become more self-sufficient. If I or another adult in my family do not comply with our Reach Up plan requirements and we do not have good cause for our non-compliance, our financial assistance grant will be reduced.

Reach Up Financial Assistance. I understand that if my family is found eligible for Reach Up, withdrawing or spending Reach Up financial assistance is prohibited at the following locations: liquor stores, bars, casinos or other gaming facilities, and retail businesses that provide adult-oriented entertainment in which performers disrobe or perform in an unclothed state.

Fleeing Prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand ESD must disclose information to law enforcement agencies to apprehend fleeing felons.

3SquaresVT Federal Requirements. 3SquaresVT is the State of Vermont's title for the Federal Supplemental Nutrition Assistance Program (SNAP). The State must process applications for 3SquaresVT in accordance with SNAP procedures, including timeliness, notice, and fair hearing requirements, regardless of whether the application is for 3SquaresVT and other programs. An applicant may not be denied 3SquaresVT benefits solely because they were denied benefits from other programs. If the applicant is in an institution and applying for 3SquaresVT and SSI at the same time, the filing date will be the date of release from the institution.

In accordance with federal law, you **MUST NOT**: lie or hide information to get benefits that your household should not get; use food assistance benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts; use, or have in your possession, EBT cards that are not yours and you must not let someone else use your card; and you must not trade or sell EBT cards or use someone else's card.

The Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, authorizes the collection of information on the application, including the Social Security number of each household member, to be used to determine whether you are eligible or continue to be eligible to receive 3SquaresVT benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

Benefits from Another State. If any member of my household gets duplicate 3SquaresVT benefits, or financial assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residency in order to get benefits from two or more states, I must tell ESD immediately.

Fraud and Trafficking Violations, and Penalties. It is a fraud violation if I or any member of my household knowingly gives false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, 3SquaresVT, or Fuel Assistance. If convicted by a court or administrative body, penalties may include up to three years imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. It is a trafficking violation if I or any member of my household trade or sell 3SquaresVT benefits, or use someone else's 3SquaresVT, or use them to buy ineligible items such as alcohol, tobacco, or use them to buy, sell or trade for illegal drugs, firearms, explosives, or ammunition. Other federal or state penalties may also apply. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

3SquaresVT Fraud Penalties. If I or a member of my household, is found to have committed a fraud or trafficking violation by a court or administrative body, I or the member may be **barred from the 3SquaresVT program for one year for the first offense, two years for the second offense, or permanently for the third offense.** If I or a member, falsely represents identity, residency, or fails to report food benefits from another state, I or the member may be **barred for 10 years.** If convicted of buying or selling illegal drugs in exchange for 3SquaresVT, I or the member may be **barred for two years for the first offense and permanently for the second offense.** If convicted of purchasing firearms, explosives, or ammunition with 3SquaresVT or of trafficking in 3SquaresVT benefits of \$500 or more, I or the member may be **barred permanently.** If convicted, I or the member **may be fined up to \$250,000, imprisoned up to 20 years, or both.** If I purchase food on credit, I cannot use my 3SquaresVT benefits to pay off the credit, and I will be disqualified from the program if I try to use my benefits for this. These violations are according to the Food and Nutrition Act of 2008. Other federal or state penalties may also apply. (7 C.F.R. §273.16(b).)

Work Registration for 3SquaresVT. I understand that all household members who are not exempt from work requirements are automatically work registered and may be required to enroll in 3SquaresVT Employment and Training Program (3SquaresVT E&T). Nonexempt household members will be notified of work requirements, have exemptions and penalties for non-compliance explained, and be referred to an employment activity if appropriate.

Rights and Responsibilities (continued)

Free School Meals. If my family is found eligible to receive 3SquaresVT, Reach Up or PSE benefits, my school-age children are automatically eligible for free school meals if they attend a school that participates in the National School Lunch or Breakfast Program. My children's names will be sent to the Department of Education to certify their eligibility to receive free school meals.

If I do not want my child's name sent to the school, I must call the ESD Benefits Service Center immediately at 1-800-479-6151 to ask to have my child's name removed from the list. If I change my mind later, I can still complete a school lunch application at school.

To be sure my child gets free meals as soon as possible, I may also take a copy of my grant notice to my school to get them enrolled. The grant notice will also allow my children to get free meals if they attend a Summer Food Service Program, such as a school, club, or camp. Children who attend a day care that participates in the Child and Adult Care Food Program are also eligible for free meals. I can make a copy of this letter to give to each provider to show that my children are automatically eligible for these free meals.

Release of Medical Records. I agree that my health care providers and the Department of Vermont Health Access and its contractors and grantees may access, use and disclose my medical records when necessary for the purpose of administering state programs.

I agree that my consent includes the re-disclosure of prescription medication information received from a drug or alcohol treatment program when such information is needed for purposes of treatment. I understand that my consent to the use of my medical records remains in place until my eligibility is reviewed. I also understand that I can revoke my consent to the release of my medical records by putting my revocation in writing and mailing it to DCF – Economic Services Division, Application and Document Processing Center, 103 South Main Street, Waterbury, VT 05671-1500.

Assignment of Support Rights. As a condition of eligibility for financial assistance I must agree to assign all my support rights to ESD. I must fill out and sign a 137 form (Child Support Authorization and Application for Services from the Office of Child Support form) for each noncustodial parent (NCP) of a child for whom I am applying for financial assistance. ESD will provide me with the 137 form(s). I understand I must complete and return the form before ESD can make a final determination on my eligibility for financial assistance. While I am waiting for ESD to grant me assistance, I will tell ESD of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Confidentiality and Information-Sharing. Information about my application and benefits is confidential and protected by state and federal law. I understand that the Economic Services Division (ESD) will not share any information about me unless:

- It is for purposes directly connected with program administration;
- It is allowed by law or a court order; or
- I give my permission.

If I have named someone as an Assistor or Authorized Representative, I give ESD and that person permission to communicate with each other and share information about my household and me. This may include the following kinds of information:

- Information or proofs needed to complete my application.
- The status of my application including the program(s) I am enrolled in and the effective date(s) of enrollment.
- The reason I am not eligible for a benefit, if my application is denied or my benefits end.
- The effective date(s) of my renewal(s) for benefits and any outstanding information or verifications needed to complete my renewal.

I understand that this information will be used to help with my application and continued eligibility for the programs I have applied for. I know:

- I do not have to give permission to release this information.
- If I do not give permission, that will not affect my eligibility for, or enrollment in, benefits.
- ESD is not responsible for what is done with my information, after it shares it.
- I may change or stop this permission at any time by notifying ESD by calling the Benefits Service Center at **1-800-479-6151** or by writing to DCF – Economic Services Division, Application and Document Processing Center, 103 South Main Street, Waterbury, VT 05671-1500. However, doing so will not affect previously shared information.
- If I do not stop this permission, it will be in effect as long as I am receiving benefits from ESD.
- If I have any questions about this permission, I may get answers by calling the Benefits Service Center at **1-800-479-6151**.
- I am entitled to a copy of this form and may get one by calling the Benefits Service Center at **1-800-479-6151**.

Rights and Responsibilities (continued)

Nondiscrimination Statement. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call **1-866-632-9992** to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax **1-202-690-7442** or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **1-800-877-8339**; or **1-800-845-6136** (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at **1-800-221-5689**, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Americans with Disabilities Act (ADA). The ADA gives people with disabilities certain rights. If you think you might have a physical or mental condition that considerably limits a major life activity like moving, seeing, or thinking, contact us for help. You may be entitled to reasonable changes and accommodations in our requirements to help you take part in our programs.

Rights and Responsibilities. When you sign the application, you are stating that you have read and understand your Rights and Responsibilities. If you do not understand your Rights and Responsibilities, or if you would like a copy of them, call the Benefits Service Center at **1-800-479-6151**. You can ask for your copy to be in larger print. You can also review your Rights and Responsibilities online at MyBenefits.vt.gov or <http://dcf.vermont.gov/mybenefits>.